

09/487720

**FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		4
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1						
2	/						
3	/						
4	/						
5	/						
6	/						
7	/						
8	/						
9	/						
10	/						
11	/						
12	/						
13	/						
14	/						
15	/						
16	/						
17	/						
18	/						
19	/						
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46							
47							
48							
49							
50							
TOTAL IND.	9						
TOTAL DEP.	22						
TOTAL CLAIMS	31						

	*	*	*
51	IND.	DEP.	IND.
52			DEP.
53			IND.
54			DEP.
55			IND.
56			DEP.
57			IND.
58			DEP.
59			IND.
60			DEP.
61			IND.
62			DEP.
63			IND.
64			DEP.
65			IND.
66			DEP.
67			IND.
68			DEP.
69			IND.
70			DEP.
71			IND.
72			DEP.
73			IND.
74			DEP.
75			IND.
76			DEP.
77			IND.
78			DEP.
79			IND.
80			DEP.
81			IND.
82			DEP.
83			IND.
84			DEP.
85			IND.
86			DEP.
87			IND.
88			DEP.
89			IND.
90			DEP.
91			IND.
92			DEP.
93			IND.
94			DEP.
95			IND.
96			DEP.
97			IND.
98			DEP.
99			IND.
100			DEP.
TOTAL IND.			IND.
TOTAL DEP.			DEP.
TOTAL CLAIMS			IND.